



RECEIVED
STATEMENT OF ECONOMIC INTEREST PRACTICES COMMISSION

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CITY CLERK DEPARTMENT
ROSEVILLE, CA

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Rohan Susan C

1. Office, Agency, or Court

Agency Name

City of Roseville

Division, Board, Department, District, if applicable

City Council - Vice Mayor

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☐ City of _____ ☐ Other _____

3. Type of Statement (Check at least one box)

- ☐ Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is _____ through December 31, 2010.
☒ Assuming Office: Date _____
☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____
☐ Leaving Office: Date Left _____
(Check one)
☐ The period covered is January 1, 2010, through the date of leaving office.
☐ The period covered is _____ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

- ☐ Schedule A-1 - Investments - schedule attached
☒ Schedule A-2 - Investments - schedule attached
☒ Schedule B - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

Date Signed 8-25-11
(month, day, year)

Sig

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

| |
|--|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Susan C. Rohan</u> |
|--|

| | |
|---|--|
| 1. BUSINESS ENTITY OR TRUST | |
| Name <u>Rohan Consulting</u> | |
| Address (Business Address Acceptable) <u>1921 EAGLE GLEN DRIVE, ROSEVILLE CA 95678</u> | |
| Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2 | |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY | |
| FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: ____/____/10 ACQUIRED DISPOSED |
| NATURE OF INVESTMENT <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other | |
| YOUR BUSINESS POSITION <u>OWNER</u> | |

| | |
|---|---|
| 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | |
| <input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 | <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 |
| 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) <u>PLACER COUNTY ASSOCIATION OF REALTORS, ROCKLIN, CA</u> | |
| 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST | |
| Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY | |
| Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property | |
| Description of Business Activity or City or Other Precise Location of Real Property | |

| | |
|---|--|
| FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: ____/____/10 ACQUIRED DISPOSED |
| NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached | |

Comments: _____

| | |
|--|--|
| 1. BUSINESS ENTITY OR TRUST | |
| Name _____ | |
| Address (Business Address Acceptable) _____ | |
| Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2 | |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY | |
| FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: ____/____/10 ACQUIRED DISPOSED |
| NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other | |
| YOUR BUSINESS POSITION _____ | |

| | |
|---|--|
| 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) | |
| <input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 | <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 |
| 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) _____ _____ _____ | |
| 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST | |
| Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY | |
| Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property | |
| Description of Business Activity or City or Other Precise Location of Real Property | |

| | |
|---|--|
| FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 | IF APPLICABLE, LIST DATE: ____/____/10 ACQUIRED DISPOSED |
| NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached | |

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Susan C Rohan

► STREET ADDRESS OR PRECISE LOCATION

212 HALLEY GLEN

CITY

Roseville CA 95678

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / / 10 / / 10
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☒ 1/2 undivided
interest

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

not yet rented, but on
rental market, approx for \$1600 per mo.

► STREET ADDRESS OR PRECISE LOCATION

2432 Alder Point Dr

CITY

Roseville CA 95661

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / / 10 / / 10
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐ _____
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☒ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Just rented in Febr 2011

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____ % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____ % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE D
Income – Gifts

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Susan C Rokun</u> |
|---|

| | | |
|--|-------|-----------------------------------|
| NAME OF SOURCE <u>Sutter Roseville Hospital</u> | | |
| ADDRESS (Business Address Acceptable) <u>111 Medical Plaza Drive Roseville CA</u> | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>11/16/10 \$40 Holiday Dinner & gift SAC for B&B</u> | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| 11/16/10 | \$40 | Holiday Dinner & gift SAC for B&B |
| | \$ | |
| | \$ | |
| | \$ | |

| | | |
|---------------------------------------|-------|------------------------|
| NAME OF SOURCE | | |
| ADDRESS (Business Address Acceptable) | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| | \$ | |
| | \$ | |
| | \$ | |

| | | |
|---|-------|------------------------|
| NAME OF SOURCE <u>JMC Construction</u> | | |
| ADDRESS (Business Address Acceptable) <u>1430 Blue Oaks Blvd #190 Roseville CA</u> | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>12-24-10 \$730 Holiday Wine Gift</u> | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| 12-24-10 | \$730 | Holiday Wine Gift |
| | \$ | |
| | \$ | |
| | \$ | |

| | | |
|---------------------------------------|-------|------------------------|
| NAME OF SOURCE | | |
| ADDRESS (Business Address Acceptable) | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| | \$ | |
| | \$ | |
| | \$ | |

| | | |
|--|-------|------------------------|
| NAME OF SOURCE <u>Westpark & Associates</u> | | |
| ADDRESS (Business Address Acceptable) <u>1700 Eureka Road Roseville CA</u> | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>12-24-10 \$40 Holiday Gift Basket</u> | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| 12-24-10 | \$40 | Holiday Gift Basket |
| | \$ | |
| | \$ | |
| | \$ | |

| | | |
|---------------------------------------|-------|------------------------|
| NAME OF SOURCE | | |
| ADDRESS (Business Address Acceptable) | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | | |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| | \$ | |
| | \$ | |
| | \$ | |

Comments: _____